SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Bruce Nathan for United States Senate

A.

Full Name (Last, First, Middle Initial)
Bruce Nathan

Mailing Address 3230 SW Island Way

City	State	Zip Code
Palm City	FL	34990

FEC ID number of contributing
federal political committee. [C] S6FL00327

Name of Employer	Occupation
Florida Elks Children Therapy	Physical Therapist

Receipt For: 2016
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
M M 07 / D D 17 / Y Y Y Y 2015

Transaction ID : SA11D.4108

Amount of Each Receipt this Period
25.00

Contribution from Candidate

B.

Full Name (Last, First, Middle Initial)
Bruce Nathan

Mailing Address 3230 SW Island Way

City	State	Zip Code
Palm City	FL	34990

FEC ID number of contributing
federal political committee. [C] S6FL00327

Name of Employer	Occupation
Florida Elks Children Therapy	Physical Therapist

Receipt For: 2016
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M 08 / D D 07 / Y Y Y Y 2015

Transaction ID : SA11D.4120

Amount of Each Receipt this Period
25.00

Contribution from Candidate

C.

Full Name (Last, First, Middle Initial)
Bruce Nathan

Mailing Address 3230 SW Island Way

City	State	Zip Code
Palm City	FL	34990

FEC ID number of contributing
federal political committee. [C] S6FL00327

Name of Employer	Occupation
Florida Elks Children Therapy	Physical Therapist

Receipt For: 2016
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date
875.00

Date of Receipt
M M 08 / D D 29 / Y Y Y Y 2015

Transaction ID : SA11D.4105

Amount of Each Receipt this Period
25.00

Contribution from Candidate

SUBTOTAL of Receipts This Page (optional).. 75.00

TOTAL This Period (last page this line number only)..